



# Borno - COVID-19 Risk Related Indicators

## Assessment of Hard-to-Reach Areas in Northeast Nigeria

April 1-15 2020

### Introduction

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno State as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. People living in H2R areas who are already facing severe and extreme humanitarian needs risk are even more vulnerable to the spread of COVID-19, especially due to the lack of health care services and information sources. The first confirmed case in Borno state was announced on 20 April 2020. All confirmed cases have been in garrison towns or Maiduguri. Due to the limited access to H2R areas it is unlikely there will be confirmation of an outbreak in these areas. It is therefore of utmost importance to evaluate the situation of the population in H2R areas in order to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

### Methodology

Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in H2R areas through monthly multi-sector interviews in accessible Local Government Area (LGA) capitals with the following typology of Key Informants (KIs):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last 3 months<sup>1</sup>
- KIs who have had contact with someone living or having been in a hard-to-reach settlement in the last month (traders, migrants, family members, etc.)<sup>1</sup>

Selected KIs are purposively sampled and are interviewed on settlement-wide circumstances in

hard-to-reach areas, rather than their individual experiences. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as 'no consensus'. While included in the calculations, the percentage of settlements for which no consensus was reached is not always displayed in the results below.

Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within a LGA. Findings

are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed.

The findings presented are indicative of broader trends in assessed settlements in March 2020, and are not statistically generalisable.

### Assessment Coverage

**233** Key Informants interviewed

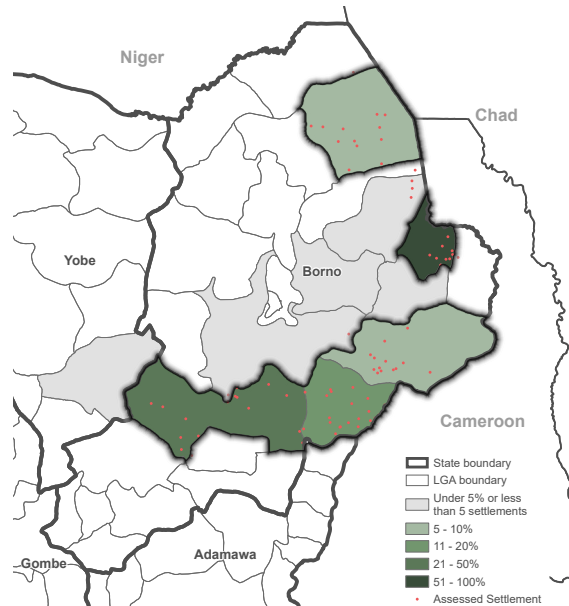
**110** Settlements assessed

**9** LGAs assessed

**5** LGAs with sufficient coverage<sup>2</sup>

### Assessment Coverage

Proportion of settlements assessed:



### COVID-19 Precautions in IDP Camps

#### Precautions for New Arrivals

Hand washing and temperature screenings for new arrivals at IDP camps could help slow the spread of COVID-19. To assist in monitoring the implementation of these procedures, REACH began asking KIs, who had recently left H2R areas, if they were asked to wash or sanitise their hands or had their temperature measured when they arrived at the IDP camp.

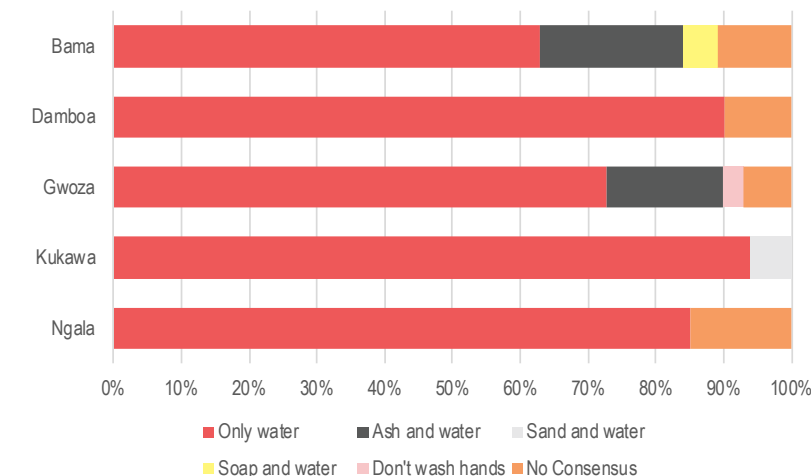
**43%** of surveyed KIs had left a H2R area within the last one month, among them:

**77%** reported they were asked to wash and/or sanitise their hands when they arrived at the IDP camp

**3%** reported their temperature was measured when they arrived at the IDP camp

### Hand Washing Practices in H2R Areas

Proportion of assessed settlements by reported most common hand washing materials by LGA:



<sup>1</sup> Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed. If not stated otherwise, the recall period is set to one month prior to the last information the KI had from the hard-to-reach area.

<sup>2</sup> LGA level data is only represented for LGAs in which at least 5% of populated settlements and where at least 5 settlements have been assessed. The most recent version of the VTS dataset (released in February 2019 on [vts.eocng.org](https://vts.eocng.org)) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).



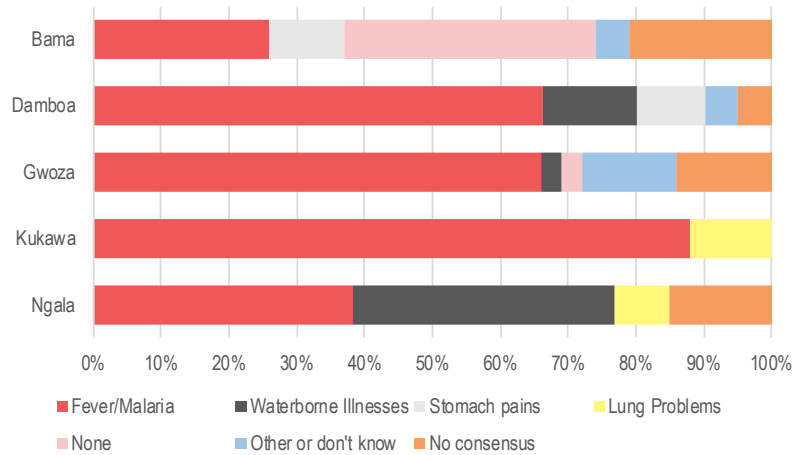
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## Main Health Problems

Proportion of assessed settlements by reported most common health problem, by LGA:



The main health problem reported among the majority of assessed settlements was, similar to previous assessments, fever/malaria. Because underlying illnesses and older age are known to impact severity of COVID-19 cases<sup>3</sup>, the reported health problems in H2R areas could have an impact on the incidence of severe cases of the disease.

## Access to Health Care Services

Proportion of assessed settlements reporting a functional health service that the population could reach and return from in one day:



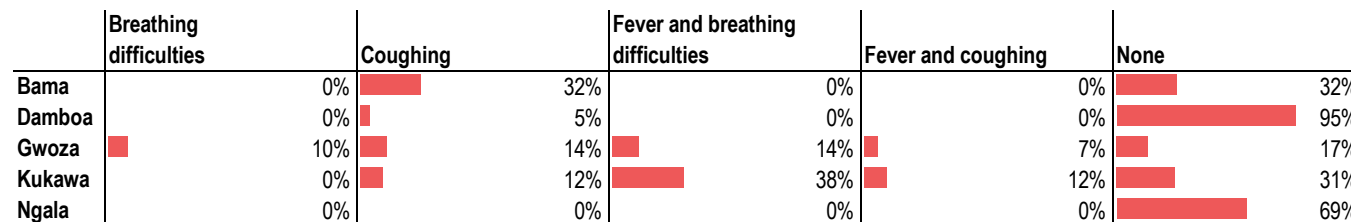
As the map to the left shows, the reported access to a functional health facility was low across all LGAs. This, combined with limited local isolation practices and people's precarious health status, limits their ability to respond to a local COVID-19 outbreak.

**64%** of assessed settlements reporting no access to functional health facility (92%) reported the main reason was that they never existed

**10%** of assessed settlements reported sick members of the community being separated from others

## COVID-19 Related Symptoms

Proportion of assessed settlements reporting symptoms related to COVID-19, by LGA:

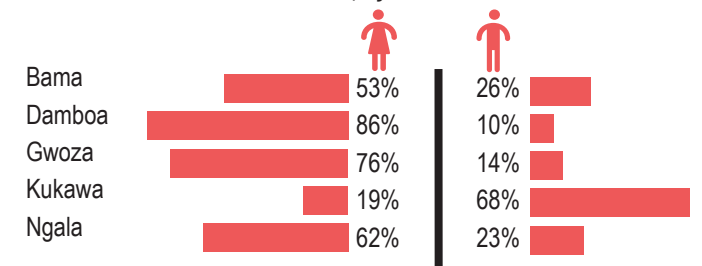


Although other viruses and bacteria can cause the three main symptoms associated with COVID-19 (fever, coughing, breathing difficulties), an increase in the reporting of these symptoms could suggest a local COVID-19 outbreak in the H2R areas.

REACH added this indicator to the assessment on 1 April 2020. Significant changes in reporting will be included in subsequent factsheets.

## Caretaking Practices

Proportion of assessed settlements reporting men/women as primary caretaker when someone is sick, by LGA:



The majority of assessed settlements reported women to be the primary caretaker. This suggests that, based on this indicator, women in the H2R settlements are at higher risk than men of getting infected with COVID-19 in the case of a local COVID-19 outbreak.

<sup>3</sup>Centre for Disease Control (2020), Coronavirus Disease 2019 (COVID-19), People Who Are at Higher Risk for Severe Illness: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>



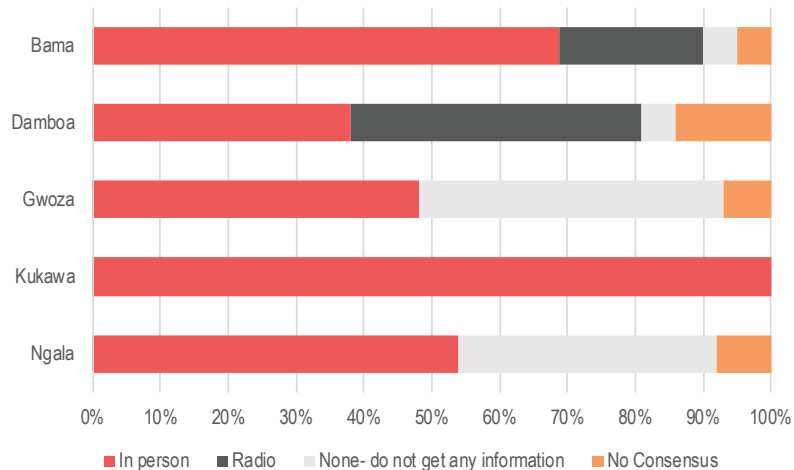
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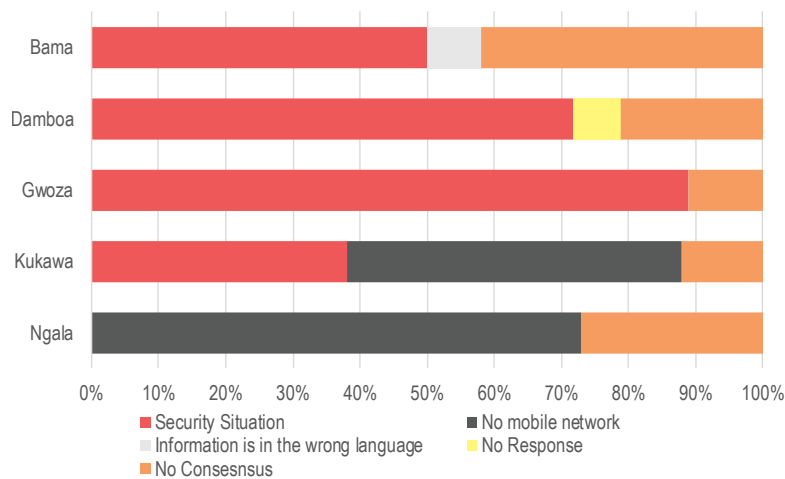
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## Communication - Sources of Information

Proportion of assessed settlements by reported main source of information for most people, by LGA:



Of settlements reporting difficulty accessing information on humanitarian services (91%), proportion of assessed settlements by reported main reason people could not access this information, by LGA:



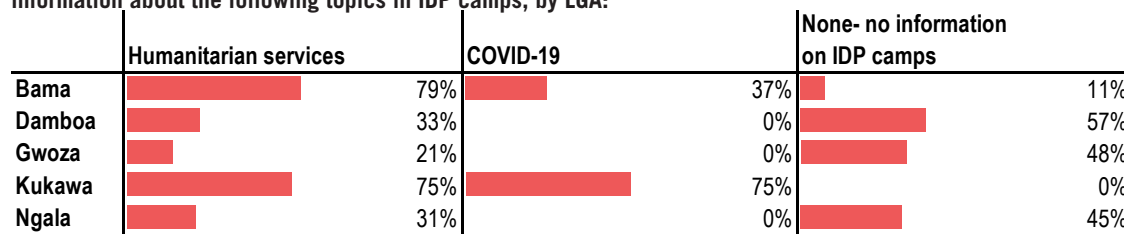
**91%** of assessed settlements reported most people had difficulty accessing information they needed regarding available humanitarian assistance

## Communication Access

Communicating COVID-19 related preventative measures, symptoms and when to seek medical care are critical to reduce transmission rates and case fatality ratios. The findings suggest that options to communicate with people in H2R areas are incredibly limited, preventing the dissemination of information and recommendations on COVID-19.

## Communication - Information

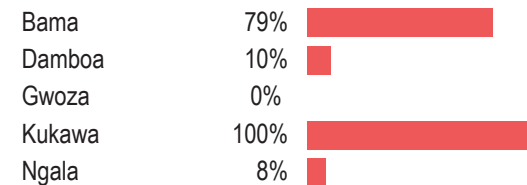
Proportion of assessed settlements reporting that most people had received information about the following topics in IDP camps, by LGA:



## Information Access

Almost half (45%) of assessed settlements reported having some knowledge of the humanitarian services available in IDP camps and 19% of assessed settlements reported that most people had received information on the situation related to COVID-19 in IDP camps. Moreover, 35% of the settlements assessed reported that people have heard about the new coronavirus disease. There were large discrepancies in the proportion of assessed settlements reporting people had heard of coronavirus, as illustrated in the graph on the right. Anecdotal explanations from discussions with individuals from areas with reported knowledge of COVID-19 suggests that the sources of information were generally in person conversations with people who had travelled outside of the H2R areas.

Proportion of assessed settlements reporting people have heard about COVID-19, by LGA:



## Conclusion

The reported lack of access to functional health facilities, existing health problems and limited local isolation practices highlighted in this factsheet, along with the reported lack of use of soap, puts communities in H2R areas at a higher risk of infection in the event of a local COVID-19 outbreak in the H2R areas. Close monitoring of COVID-19 related symptoms may allow for the prediction of outbreaks in H2R areas. Additionally, the reported limitations of communication to H2R areas suggests that most people will not have the knowledge they need on how to prepare for and respond to a local COVID-19 outbreak.